

## RELEASE AND WAIVER OF LIABILITY TO ATTEND WITHOUT MEDICATION

**THIS RELEASE AND WAIVER OF LIABILITY TO ATTEND WITHOUT MEDICATION** (hereinafter referred to as "Release") is made this \_\_\_\_ day of \_\_\_\_\_, 201\_\_, by and between **HOWARD COUNTY, MARYLAND** ("County") and \_\_\_\_\_ and who are the parent(s) or guardian(s))" of \_\_\_\_\_.

(Name of Parent(s) or Guardian(s))

(Name of Participant)

**WHEREAS**, the County (through its Department of Recreation and Parks) provides child care services and recreational programs for children at numerous facilities throughout the County and the Parent(s) or Guardian(s) have requested that the County permit \_\_\_\_\_ to enroll/attending in \_\_\_\_\_ ("the Program"); and \_\_\_\_\_

(Name of Participant)

(Name of Program Participant is enrolled in)

**WHEREAS**, the County has been requested by the Parent(s) or Guardian(s) to administer medication provided by the parent, but that on this date is waiving the need for medication for disorders and certain treatment to \_\_\_\_\_ during certain time periods, on this date and for purposes of this date only, when \_\_\_\_\_ the child is in attendance in the Program and to refrain from taking certain actions as that are otherwise prescribed in writing on the child's "Medication Authorization" form, all in accordance with, and subject to, the Department's emergency first aid procedure policy;

(Name of Participant)

**NOW, THEREFORE**, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. The Parent(s) or Guardian(s) hereby release and forever discharge the County and its employees or agents from any and all claims, demands, injuries, damages, actions, or causes of action arising in law or equity as a result of the County's employees or agents taking or failing to take action(s) authorized in the child's "Medication Authorization" form. The Parent(s) or Guardian(s) also hereby release and forever discharge the County and its employees or agents from any loss or damage to any materials and/or equipment supplied by the Parent(s) or Guardian(s) that is used by the County and its employees or agents in taking action(s) authorized in the child's "Medication Authorization" form.
2. This Release shall be governed by the laws of the State of Maryland.
3. For purposes of this date only and as described herein, this instrument represents a limited revocation of the form entitled "Medication Authorization," which is hereby incorporated by reference, and constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
4. The reference in this Release to the term County shall include its constituent departments, officers, employees, agents and representatives. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors of each.
5. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of this Release. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.
6. This Release shall be construed without regard to any presumption or other rule requiring construction against a party who caused it to have been drafted.
7. The Parent(s)/Guardian(s) agree to provide alternative care instructions in the absence of child's medication. See Section below.

**Parent Alternative Care**

**Instructions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Authorization Signature**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**Facility Staff Receipt and Review of Alternative Care Instructions**

Release and Waiver of Liability to Attend without Medication Form was received from;

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardians Name

Alternative Care Instructions Received and Reviewed: Yes ☐ No ☐

Alternative Care Instructions and Wavier reviewed by: \_\_\_\_\_  
Signature of Staff Person Reviewing and Receiving Alternative Instructions and Wavier Date